



GUARD-3

OP ID: JL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Horst Insurance-Chadds Ford<br>122 Commons Court<br>PO Box 145<br>Chadds Ford, PA 19317-0145<br>Louis R. Kolber, CIC | <b>CONTACT NAME:</b> Louis R. Kolber<br><b>PHONE (A/C, No, Ext):</b> 610-675-0335<br><b>E-MAIL ADDRESS:</b> L.Kolber@HorstInsurance.com<br><b>FAX (A/C, No):</b> 610-459-9549  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
|---|--|-------------------------------|--------|--|-------|---------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Guardian Environmental Services Co., Inc.<br>70 Albe Drive<br>Newark, DE 19702  | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Nautilus Insurance Company</td><td>17370</td></tr><tr><td>INSURER B : Great Divide Insurance Co</td><td>25224</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Nautilus Insurance Company | 17370 | INSURER B : Great Divide Insurance Co | 25224 | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
| INSURER A : Nautilus Insurance Company  | 17370  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
| INSURER B : Great Divide Insurance Co   | 25224  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
| INSURER C :   |  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
| INSURER D :   |  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
| INSURER E :   |  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |
| INSURER F :   |  |                               |        |  |       |                                       |       |             |  |             |  |             |  |             |  |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD                       | SUBR WVD | POLICY NUMBER                                | POLICY EFF (MM/DD/YYYY)                | POLICY EXP (MM/DD/YYYY)                | LIMITS   |
|----------|--|---------------------------------|----------|--|--|--|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Pollution Liab<br><input checked="" type="checkbox"/> Professional Liab<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                 |          | ECP201213311<br>ECP201213311<br>ECP201213311 | 07/01/2015<br>07/01/2015<br>07/01/2015 | 07/01/2016<br>07/01/2016<br>07/01/2016 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                                 |          | BAP201212711                                 | 07/01/2015                             | 07/01/2016                             | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTIONS 0  |                                 |          | FFX201212811                                 | 07/01/2015                             | 07/01/2016                             | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> | N/A      | WCA201212611                                 | 07/01/2015                             | 07/01/2016                             | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Waiver of Subrogation provided in favor of the following when required by written contract and permitted by state law:  
9524 Niagra Falls Blvd, LLC; 9540 NFB, LLC; First Assembly of God, Inc.;  
Joseph C. Weber, Inc.

## CERTIFICATE HOLDER

## CANCELLATION

|   |   |
|---|---|
| US Environmental Protection<br>Agency - Region II<br>ERRD/RPB/PPS<br>2890 Woodbridge Avenue<br>Edison, NJ 08837 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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